

## Exhibit 28

*Michigan Department of Licensing and Regulatory Affairs*

*Filing Endorsement*

*This is to Certify that the CERTIFICATE OF RENEWAL OF ASSUMED NAME*

*for*

*HENRY FORD HEALTH SYSTEM*

*ID NUMBER: 774093*

*to transact business under the assumed name of*

*HENRY FORD HOSPITAL*

*received by facsimile transmission on November 29, 2011 is hereby endorsed*

*Filed on December 1, 2011 by the Administrator.*

*The document is effective on the date filed, unless a  
subsequent effective date within 90 days after  
received date is stated in the document.*

*Expiration Date: December 31, 2016*



*In testimony whereof, I have hereunto set my  
hand and affixed the Seal of the Department,  
in the City of Lansing, this 1ST day  
of December, 2011.*

A handwritten signature in black ink, appearing to read "A. Schaffer".

*Director*

*Bureau of Commercial Services*

BOSAC FORM 3 (REV 1)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION

Date Received

(FOR BUREAU USE ONLY)

EXPIRATION DATE: DECEMBER 31, 2016

## CERTIFICATE OF RENEWAL OF ASSUMED NAME

For use by Corporations

(Please read information and instructions on reverse side)

774093

Identification Number

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations) or Act 162, Public Acts of 1982 (nonprofit corporations), the corporation in Item one executes the following Certificate:

1. The corporate name, resident agent, and mailing address of the registered office are:

HENRY FORD HEALTH SYSTEM

EDITH L EISENMANN  
HENRY FORD HEALTH SYSTEM  
1 FORD PLACE - 5B GOVERNANCE  
DETROIT MI 48202

2. The assumed name under which business is transacted is:

HENRY FORD HOSPITAL

3. The registration of the assumed name is extended for a period expiring on December 31 of the fifth full calendar year following the year in which this renewal is filed, unless sooner terminated.

4. The document is hereby signed as required by the Act.

Signed this 29th day of November, 2011

By \_\_\_\_\_

(Signature of an Authorized Officer or Agent)

David B. Lee, System Vice President & General Counsel  
(Type or Print Name)